

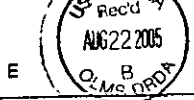
# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0168  
Expires 11-30-2006

This report is mandatory under P.L. 86-267, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6262</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>JOHN</u> <u>McCURDY</u> P.O. Box, Bldg., Room No., if any _____ Street <u>330 EXCHANGE PL #7</u> City <u>NEW ORLEANS</u> State <u>LA</u> ZIP Code + 4 <u>70130</u>	4. Name, file number, and address of labor organization. Name <u>DISTRICT NO-1 MEDICAL AFFICIO</u> Labor Organization File Number <u>286-581</u> P.O. Box, Building and Room Number, if any _____ Street <u>444 N. CAPITOL ST NW</u> City <u>WASHINGTON DC</u> State _____ ZIP Code + 4 <u>20001</u>
5. Position in labor organization. <u>GULF COAST VICE PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8-2-05</u> Date	<u>504 282 9705</u> Telephone Number

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MEBA BENEFIT TRUSTSTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1007 EASTERN AVECity BALTIMOREState MD ZIP Code + 4 21202

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MEBA BENEFIT PLANSTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1007 EASTERN AVECity BALTIMOREState MD ZIP Code + 4 21202

11.a. Nature of such dealing.

TRUSTEE MEETINGS, TRAVEL  
EXPENSES, CONFERENCES,  
SEMINARS.

11.b. Approximate dollar value of such dealing.

20,027.03

12.a. Nature of interest held or income received.

SEE 11(A) AND 11(B)

12.b. Amount.

SEE 11(A), 11(B), 12(A)

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

MEBA Medical and Benefits Plan  
2004 LM-10, LM-30 Reports

Name	Plan	Acct/Vendor Number	Date Paid	Amount Paid	Explanation
John McCurdy	Medical	571700	2/20/2004, 3/16/04	\$ 2,962.49	Reimbursement of Travel Expenses Relating to Trustee Meeting 01/04
John McCurdy	All		3/15/2004	\$ 3,960.00	IFEB Conferences
John McCurdy	Medical	571700	5/20/2004	\$ 2,915.52	Reimbursement of Travel Expenses Relating to Trustee Meeting 04/04
John McCurdy	Medical	571700	7/20/04, 7/26/2004	\$ 2,608.17	Reimbursement of Travel Expenses Relating to Trustee Meeting 06/04
John McCurdy	Medical	571850	8/17/2004	\$ 1,348.75	04/04 IFEBP Seminar
John McCurdy	Medical	571850	8/17/2004	\$ 1,380.40	06/04 IFEBP Seminar
John McCurdy	All		11/12/2004	\$ (350.00)	IFEB Conferences
John McCurdy	Medical	571700	11/18/2004	\$ 897.78	Reimbursement of Travel Expenses Relating to Trustee Meeting 10/04
John McCurdy	Medical	571890	12/15/2004	\$ 34.21	Membership Dues (ck#20489)
John McCurdy	Medical	571850	12/28/2004	\$ 2,664.73	IFEBP Conf 11/30-12/5
John McCurdy	Medical	571850	12/14	\$ 1,605.00	IFEBP Fees
				\$20,027.03	